

Maryland Health Care Commission (MHCC)

Cardiac Advisory Group (CAG):

Revised Recommendations on Cardiac Surgery and the Development of a Cardiac Surgery Subcommittee: January 10, 2013

Purpose

- ♥ Oversee cardiac surgery program deployment and quality of cardiac surgical care for all Maryland patients and hospitals.
- ♥ Provide opportunities for collaborative quality improvement initiatives for all participants.

Structure of CAG, Cardiac Surgery Subcommittee (CSS)

- ♥ Two representatives of each hospital providing cardiac surgery services: one surgeon, one hospital representative.
- ♥ Other clinical and administrative members of the CAG to be determined.
- ♥ MHCC to provide regulatory perspective, support staff and resources for all CAG activities.

Structure of CAG-CSS (2)

- ♥ The respective chairperson of cardiac surgery and the administrator responsible for hospital operations should attest to and be responsible for all reports originating from each hospital.
 - ♥ Note: Having a hospital operations administrator responsible may help ensure that adequate hospital resources are committed to this project.
- ♥ Semi-annual meetings with format and location to be selected by the CAG.

Decision Points

- ♥ Consensus to recommend
 - ♥ Standing CAG ?
 - ♥ Standing Cardiac Surgery Subcommittee ?
 - ♥ CSS/CAG make recommendations to MHCC on program approval, renewal, closure?
- ♥ Discussion points: Role of CSS in focused program review? Role of CSS in review to consider program closure?

Review Elements

- ♥ Quality assessment tool to be the STS Adult Cardiac Surgery Database (ACSD).
- ♥ All hospitals providing adult cardiac surgery services in Maryland agree to share STS reports with MHCC-CAG for review and reporting.

Review Elements

- ♥ The initial report metric would be the composite score for coronary artery bypass graft surgery. Other metrics would be selected by the CSS.
- ♥ Semi-annual review of quality metrics, to include STS ACSD Composite Star Ratings. Other elements to be selected by the CAG.
- ♥ See decision points – next slide.

Decision points

♥ Consensus:

- ♥ Use Star Rating format (1, 2, or 3) as basis for review ?
- ♥ Specific purposes -- Ongoing review? Closure?
- ♥ **Question:** Is there a way to process STS data more timely for feedback, QI activities, and regulatory processes? Analogous to “super user” with NCDR data?
- ♥ **Question:** Discuss with STS/DCRI regarding ad hoc reports on data elements as needed by the CAG ?

New Program Application Approval

- ♥ Maintain current level of 200 surgical cases projected annually without adverse impact on other Maryland state programs. (Consensus? Different threshold for start-up than for review of existing programs?)
- ♥ Require participation in STS-ACSD and reporting to CAG as above. Require review of reports and data from first 6 and 12 months to assist new programs to improve quality of data submission.
- ♥ Maintain other elements per current regulations.

Thresholds for Focused Program Review

- ♥ Annual surgical case volume <100
 - ♥ Case volume reports should be submitted to MHCC-CAG at time of data submission to STS.
 - ♥ Focused review of outcomes to include each mortality. (New per 12/13 feedback.)
- ♥ Hospitals with consistent excess observed vs. predicted mortality. (New per 12/13 feedback)
- ♥ Outlier status for preoperative factors that affect the risk model, or for intraoperative or perioperative outcomes. (New, per 12/13 feedback)
- ♥ *Need to develop consensus on definitions for 2nd and 3rd bullet points.*

Thresholds for Focused Program Review

- ♥ Two successive 6-month reporting periods with a 1-star composite rating (**Feasible?**)
 - ♥ This parameter is being used by the Michigan cardiac surgery collaborative group.
- ♥ Request from any hospital for assistance and review.

Thresholds for Program Closure

- ♥ Annual volume threshold: less than 100 for 2 consecutive years.
 - ♥ Precipitating factor, or in combination with review & recommendation by CSS?
- ♥ Quality thresholds:
 - ♥ 1-star composite ratings for 4 consecutive 6-month reporting periods Feasible?
- ♥ Other quality thresholds and review findings to be determined by CSS.

External Review

- ♥ Systematic blinded review of process, outcome and other quality measures would require significant resources that should be provided through MHCC. **Consensus?**
- ♥ Need to decide whether performed by CAG-CSS or third-party agent (STS, IFMC).
- ♥ Discuss ideas with cardiac surgeons who are developing Maryland external review concept.
 - ♥ Include review of imaging and other primary sources?
 - ♥ Role in decisions for focused review or closure?

Quality improvement initiatives

- ♥ **Question:** Interaction between CAG-CSS and Site-based QI Committees?
- ♥ **Question:** Is data delay a barrier to QI initiatives based on star-ratings, e.g.,
 - ♥ Examination of 1-star programs for individual program improvement opportunities?
 - ♥ Examination of 3-star programs for collaborative program improvement of all hospitals?

Data Audit

- ♥ Continuation of STS annual random data audit of 8% of sites meet the needs for data audit. **Consensus?**